



PERSONAL RELEASE FORM

In exchange for the participation in work and/or activities of Garden by the Sea, a Community Garden, and/or the use of the property, facilities, and services, I on behalf of my organization, if any, heirs, executors, administrators, successors, and assigns, **hereby release and hold the Garden by the Sea, a Community Garden, a non-profit corporation and the Galilean Lutheran Church, a non-profit corporation, their officers, employees and agents harmless from all damages, suits, claims, liability, and demands for damages at law or in equity**, which I, my organization, if any, my heirs, executors, administrators, successors or assigns may now have or claim to have or may later have against the Garden by the Sea, a Community Garden, and/or the Galilean Lutheran Church, both non-profit corporations, their successors or assigns or against their officers, employees, agents, councils by reason of the condition or nature of the real property where said community garden is located or for any other reason or cause. **I hereby acknowledge** that Garden by the Sea, a Community Garden, and the Galilean Lutheran Church, have made no warranties or representations concerning the condition or nature of the real property where the community garden is located and that I will enter onto said real property and participate in work and/or activities at my own risk and with the full knowledge that there is a potential that I may injure myself or another in some way.

I HEREBY DECLARE that I am 18 years of age, or older, and that I have read the above statements and understand the consequences of signing this release of liability form.

PHOTO RELEASE: I hereby grant permission to Garden by the Sea to use photographs of me taken during the growing season in marketing publications, news releases, online, and in other communications related to the mission of Garden by the Sea. YES NO

Signature: _____ **Date:** _____

Print Name: _____

Organization: _____

Phone #: _____

Email: _____

Mailing Address: _____

Emergency Contact: _____

Phone: _____

Approved by (GBTS Representative): _____